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MDEOS TAVEN:		UGHT	- 01/0004/00 4 /	and Grade at Hillorest and Level and Grade t Hillorest and Rolling ave	ROAD TYPE 1		8 ON N 9 OO Iman Signals 2 Zone Y ON	: :88		ned 7 0 0 y los 8 0 0 has 10 0 0 has 10 0 0 int 12 0 0 int 12 0 0	Hillorest Parked Vehicle Moving Vehicle Blinding Head! Blinding Sunlig Other Unknown	e(s) e(s) Eghts pht	
	н	MANNER OF COLLISION:	LEFT INNIS	VEH. SECU		ent Thirl Event Pourth I	01-Les 02-Cra 03-Ra- 05-Ra- 05-Cra 07-Sea 08-Frq 09-Inst 10-Just 11-Just 12-Cra 13-Inst	a off roadway-left a off roadway-rigi enter roadway rium version of units despission version	HAD A COU 10-Moving m film 17-Protestria 18-Bicyclist 19-Mixtur vel 20-Particus m 21-Raticus of 22-Animus 23-Other m 24-Other m 23-Other m 24-Other m 24-Other m 25-Other m 25-O	LISON WITH other vehicle in in immercet other vehicle Trein Adend object actabutement repet and income and inc	22-Luminalrafight na 33-Listiy pole 4-Other pole 55-Culvert 56-Curb 57-Ottob 58-Emberdement 58-Emberdement 58-Emberdement 52-Building 44-Traffic bland 56-Fire hydraet 68-Impact attenuation	ed to	
	COMMERC	SCREENING INFORMATION: NUMBER OF QUALIFYING VEHICLES INVOLVED: Trucks with 6 or more tires or a Haz Met Placard Buses designed to carry		CARRIE Shipping I Log Book	Papera : 4 ◯ Drò		1 OAn 2 OBu 3 OSir 4 OSir	v 4-tire vehicle	2 axies/6 or mo 3 or more axie	ore tires	TYPE ENDORS. A OH B ON C OF None X L RESTRICTIONS		
-	Å	16 or more persons	CATY		STATE	ŹР) M	ne.	
	C	NUMBER OF: Persons Sustaining fatal injuries	USDOT STATE#		CMC VWR		1 () Bu	D BOOY TYPE a nvencioned bor rgs tank thed	1	HAZARDOUS RD: Syes No	SPILL: SY	<u>,</u>	
	A R R	Persons transported for IMMEDIATE medical treatment		ER OF AXLES			447			or 4 Digit or from and or Box:	<u> </u>	ادِ	
OFFICER	R	Vehicles towed from the scene due to damage or provided assistance	Traction Tra		Trailer 2	Trailer 3		ncrete Mixer to Transport rhage or Refu ter (List Below		t Number Sottoric	_/		
Ŏ.	NAME	OF INVESTIGATING OFFICER (Please F	Print)	-	NUMBER	NAME OF POLICE A	GENCY			0.1	EI. NUMBER	\neg	
FL	The dat	n in this report reflects my best judgemen	t and knowledge.		L					DATE	OF COMPLETIC	ON.	
Ş	INVES	TIGATING OFFICER'S SIGNATUR	₹Ε:										

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DPS Form 27 Rev. 3-97

WEST VIRGINIA UNIFORM TRAFFIC CRASH REPORT FATAL CRASH SUPPLEMENT

COUNTY		DETACHMENT	
DRIVER #1 DRIVER #2		CORRECTIVE LENSES OF DRIVER:	
ROADWAY FLOW: DIVIDED HIGHWAY (IF YES, CHECK ONE OF THE MEDIAN STRIF		TRAVEL SPEED: ACTUAL DRIVER #1 DRIVER #2	ESTIMATED UNKNOWN
GUARD RAIL OTHER BARRI NOT PHYSICALLY DIVIDED ONE WAY TRAFFICWAY		ESTIMATED EMS TIMES: CALL UNIT#	
HELMET USAGE	CHILD SAFETY SEAT	UNIT#	
(MOTORCYCLIST/PEDALIST)	☐ YES ☐ NO ☐ IMPROPERLY USED	EMS ARRIVAL TIME AT HO (IF MORE THAN ONE UN FIRST UNIT ARRIVING A	IIT RESPONDS, LIST TIME FOR
	CRASH AVOIDANCE MAN	EUVER (MARK FOR EACH V	EHICLE)
NO AVOIDANCE MANEUVER	VEHICLE#	BRAKING (SKIDMARKS E	EVIDENT) VEHICLE#
STEERING (EVIDENCE STATED)	VEHICLE#	BRAKING (NO SKIDMARI STATED)	KS, DRIVER VEHICLE#
STEERING & BRAKING (EVIDENCE OR STATED)	VEHICLE#	OTHER AVOIDANCE MAI	NEUVER VEHICLE#
(LIST		HOL/DRUG DETERMINATION EST FOR ALL PASSENGERS	
NAME:	VEH#:	NAME	VEH#:
EVIDENTIAL TEST (BREATH PBT FIELD SOBRIETY TESTING OBSERVATION DRUG USE SUSPECTED		☐ EVIDENTIAL TEST (BE ☐ PBT ☐ FIELD SOBRIETY TES ☐ OBSERVATION ☐ DRUG USE SUSPECT	
<u>-</u>		ECTION PATH , AND PATH OF THOSE EJEC	CTED
NAME:	VEH#:	NAME:	VEH#:
SIDE DOOR BACK WINDOW WINDSHIELD BACK DOOR/TAILGATE ROOF OPENING (CONVERT	SIDE WINDOW TIBLE TOP UP) KUP TRUCK)	SIDE DOOR BACK WINDOW WINDSHIELD BACK DOOR/TAILGAT ROOF OPENING (CO) OTHER PATH (BED O	NVERTIBLE TOP UP)
	AIR B	AG FUNCTION	
☐ DEPLOYED ☐ NON-DEPLOYED	VEHICLE#	DRIVER SIDE DRIVER SIDE	□ PASSENGER SIDE□ PASSENGER SIDE
DATE OF DEATH:	TIME OF DEATH:	DATE OF DEATH:	TIME OF DEATH: